MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
PERMITING AND COMPLIANCE DIVISION
WASTE MANAGEMENT SECTION
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SOLID WASTE MANAGEMENT SYSTEM LICENSE RENEWAL APPLICATION SOIL TREATMENT FACILITIES FOR JULY 1, 2005 - JUNE 30, 2006

I. **FACILITY LICENSE NUMBER** _____ **TAX ID NUMBER** _____

II. **NAME OF FACILITY** _____

III. **FACILITY LOCATION**

_____
Street or Route Number **(DO NOT USE P.O. BOX)**

_____
City State Zip County

IV. **MAILING ADDRESS**

_____
Street or P.O. Box

_____
City State Zip

V. **NAME OF LICENSEE**_____

VI. **CONTACT PERSON** (Person who may be contacted about the operations of the facility, information contained in this report, and to whom inspection reports should be sent.)

Name_____

VII. **CONTACT INFORMATION**

(Work)_____(Cell Phone)_____

(Fax)_____(E-mail)_____

VIII. **MAILING ADDRESS OF CONTACT PERSON**

_____

Street or P.O. Box

_____

City State Zip

It may be possible to combine solid waste management licenses held separately for different parts of your system into one solid waste management system license and save a portion of the required license fees. If you have more than one solid waste management license would you like to have them consolidated into one system license? Yes ( ) No ( )

Note:
No more than one landfill, or other Class II facility, may be consolidated under one solid waste management system license.
No more than one incinerator may be consolidated under one solid waste management system license.
A landfill and incinerator may not be consolidated under the same license.

IX. SYSTEM CAPACITY

A. NUMBER OF FACILITIES (Enter number of facilities you operate under the Facility License Number in Section II) _____

B. **SERVICE AREA** (List all areas served by your facility or system_____

_____

C. **POPULATION OF SERVICE AREA**_____

D. **ESTIMATE THE TOTAL CUBIC YARDS OF SOIL UNDER TREATMENT ON-SITE AS OF JANUARY 1, 2005._____CUBIC YARDS**

X. QUESTIONNAIRE (Answers provide information on the status of waste handling in the state.)

A. List the types of waste you accepted for composting, and give the approximate weight or volume of the amount composted.

	WASTE		**VOLUME OR TONS**
1.	_____	1.	_____
2.	_____	2.	_____
3.	_____	3.	_____

What composting method was used? (Windrows, static aerated piles, etc.)_____

Is this activity presently described in your operation and maintenance plan on file with the Department? Yes ( ) No ( )

B. Has the design capacity or operating plan of your facility changed in the last five- (5) years? Yes ( ) No ( )

C. Is your facility required to monitor the quality of the ground water? Yes ( ) No ( )

_____ Detection Monitoring

_____ Assessment Monitoring

_____ Corrective Measures

D. Does your facility currently have storm water detention or retention ponds? Yes ( ) No ( )

E. Does your facility have a Montana Pollution Discharge Elimination System (MPDES) permit?
Yes ( ) No ( )
MPDES Permit Number_____

F. How many employees (full time equivalent) work in your solid waste program? _____

How many hours of safety training did they receive last year? _____

Hazardous waste training? _____

Solid waste operators training? _____

H. Has the closure plan for your facility been modified in the last year? Yes ( ) No ( )

I. The Department is periodically contacted by research organizations, sales personnel, and members of the general public requesting mailing lists for Montana Solid Waste Facilities. State law prohibits the Department from providing a mailing list to non-governmental individuals without the operator's permission. **Do you want your facility name released for use on mailing lists.** Yes ( ) No ( )

XI. **CERTIFICATION** (An authorized representative of the solid waste system must sign and date the certification.)

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature:_____

Print Name Here:_____

Title:_____**Date**:_____

In order to provide meaningful training for facility operators, the department needs to know what training you as operators feel is most needed and appropriate for the personnel at your facility.

Please list your top three training priorities for the next two to three years.

1._____
_____
_____
_____

2._____
_____
_____
_____

3._____
_____
_____
_____

Please provide any additional comments or suggestions regarding Departmental training for facility operators.

_____
_____
_____
_____
_____
_____